



12/28/2007

KENTUCKY DAILY SCHOOL BUS **INCIDENT REPORT**

SCHOOL DISTRICT

SCHOOL DISTRICT # _____

BUS OWNER _____

BUS BODY MAKE _____

BUS CHASSIS MAKE _____

MODEL YEAR _____

BUS SERIAL # _____

BUS SIDE # _____

=====

DATE OF INCIDENT _____ / _____ / _____
DAY MONTH YEAR

DAY OF WEEK _____

TIME OF INCIDENT _____ A.M. _____ P.M.

WAS INCIDENT URBAN _____ RURAL _____

BUS DRIVER NAME _____

DRIVER LICENSE # _____

WAS SCHOOL BUS DRIVER ISSUED A CITATION YES _____ NO _____

IF INCIDENT OCCURRED BETWEEN TWO OR
MORE SCHOOL BUSES PLEASE FILL OUT SEPARATE
INCIDENT REPORTS FOR EACH VEHICLE / DRIVER.
THIS WILL COUNT AS ONLY ONE INCIDENT

SECTION I - SCHOOL BUS PHYSICALLY INVOLVED

1. TYPE OF INCIDENT (check only one response)

- A. between motor vehicles ___ B. noncollision ___ C. pedestrian ___
D. pedal cycle ___ E. railroad train ___ F. fixed object (complete question 2) ___
G. other _____

Additional Comment/Additional Explanation _____

2. ONLY COMPLETE SECTION IF BUS STRUCK A FIXED OBJECT

(check only one response, that which caused most damage)

- A. embankment ___ B. building ___ C. tree ___ D. sign ___ E. guardrail ___
F. bridge rail ___ G. fence ___ H. curb ___ I. mailbox ___ J. fire hydrant ___
K. culvert-headwall ___ L. parked vehicle ___ M. utility pole ___ N. median barrier ___
O. other (specify) _____

Additional Comment / Additional Explanation _____

3. DID INCIDENT RESULT IN STUDENT AND / OR DISTRICT PERSONNEL INJURY

(enter number affected per category)

- A. fatality(ies) _____ B. incapacitating injury(ies)-serious _____
C. possible injury(ies)-minor _____ D. non-incapacitating injury(ies) _____
E. Property Damage only _____

If injury(ies) or fatality(ies) is reported in this section proceed to
INJURY / FATALITY SHEET page 6 and complete **section V**

Additional Comment / Additional Explanation _____

4. OTHER VEHICLE(S)-DRIVER(S)-OCCUPANT(S) – PEDESTRIAN(S)

(enter number affected per category)

Did incident result in:

- A. fatality(ies) _____ B. incapacitating injury(ies)-serious _____
C. possible injury(ies)-minor _____ D. non-incapacitating injury(ies) _____
E. other _____

Additional Comment / Additional Explanation _____

5. MANNER OF COLLISION BETWEEN SCHOOL BUS AND OTHER VEHICLE OR OBJECT

- A. angle _____ B. head-on _____ C. rear-end _____ D. sideswipe _____ E. backing _____ F. Broad Side _____
F. other (specify) _____

Additional Comment / Additional Explanation _____

SECTION II BUS DIRECTION ANALYSIS

(enter only one response for A thru HH)

COLLISION WITH PEDESTRIAN

INTERSECTION

- A. Bus going straight _____
- B. Bus turning right _____
- C. Bus turning left _____
- D. Bus backing _____
- E. Other action _____

NON- INTERSECTION

- F. Bus going straight _____
- G. Bus turning right _____
- H. Bus turning left _____
- I. Bus backing _____
- J. Other action _____

COLLISION WITH OTHER VEHICLE

INTERSECTION

- K. Entering at angle, both moving _____
- L. Entering same direction, both moving _____
- M. Entering opposite direction, both moving _____
- N. Entering at angle, one vehicle stationary _____
- O. Entering same direction, one vehicle stationary _____
- P. Entering opposite direction, one vehicle stationary _____
- Q. One vehicle backing at intersection _____
- R. Other action _____

NON-INTERSECTION

- S. Same direction, both moving _____
- T. Opposite direction, both moving _____
- U. One vehicle stopped _____
- V. One vehicle backing _____
- W. Sideswipe _____
- X. Other action _____

ALL OTHER COLLISIONS

INTERSECTIONS

- Y. Fixed object _____
- Z. Other type vehicle, i.e. train, pedal cycle, motorcycle _____
- AA. Other object, animal, etc. _____

NON-INTERSECTION

- BB. Fix object _____
- CC. Other type vehicle, i.e. train, pedal cycle, motorcycle _____
- DD. Other object, animal, etc. _____

NON-COLLISION

INTERSECTION

- EE. Overturn _____
- FF. Other non-collision _____

NON-INTERSECTION

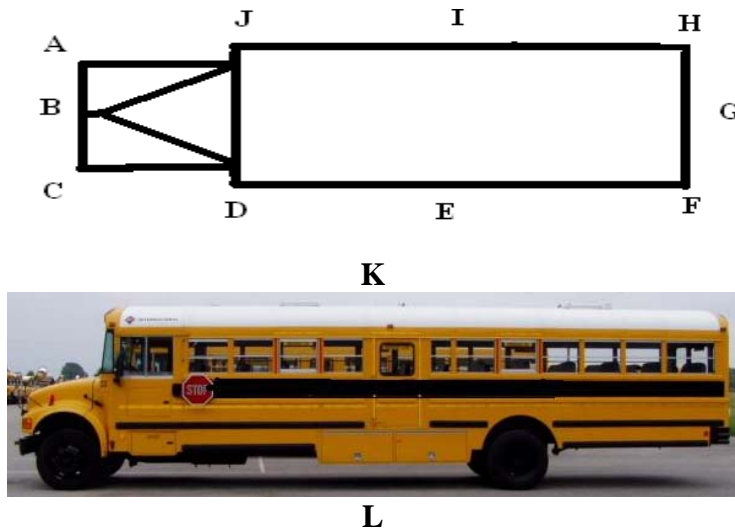
- GG. Overturn _____
- HH. Other non-collision _____

Additional Comments / Additional Explanation _____

SECTION III GENERAL INFORMATION

1. FIRST POINT OF IMPACT (enter only one response on line)

Enter appropriate letter _____



- 2a. TOTAL NUMBER OF LANES IN ROADWAY _____
- 2b. CHECK IF PARKING LOT OR AREA OTHER THAN ROADWAY _____
3. APPROXIMATE SPEED OF BUS _____
4. AGE OF BUS DRIVER _____
5. DRIVER GENDER MALE _____ FEMALE _____
6. DRIVER'S EXPERIENCE DRIVING SCHOOL BUS
- A. LESS THAN 6 MONTHS _____ B. 6 MONTHS TO 1 YEAR _____ C. 1 – 2 YEARS _____
- D. 2 – 5 YEARS _____ E. 5 – 10 YEARS _____ F. OVER 10 YEARS _____
7. IN LAST THREE YEARS, HOW MANY BUS COLLISIONS HAS DRIVER HAD? _____
8. DID DRIVER RECEIVE A PRE-SERVICE SCHOOL BUS DRIVER TRAINING COURSE? YES __ NO __
9. DID THE DRIVER RECEIVE IN-SERVICE TRAINING IN THE LAST 12 MONTHS? YES__ NO __
10. WAS BUS DRIVER'S SEAT BELT IN USE WHEN COLLISION OCCURRED? YES __ NO __

- 11.** TYPE OF SCHOOL BUS / OTHER VEHICLE (enter one response)
- A. TYPE A _____ B. TYPE B _____ C. TYPE C _____ D. TYPE D _____
- E. OTHER _____
- 12.** TOTAL NUMBER OF PASSENGERS ON BUS (EXCLUDING DRIVER) _____
- 13.** BUS RATED SEATING CAPACITY _____
- 14.** SCHOOL BUS USE AT TIME OF COLLISION: (check one response only)
1. REGULAR ROUTE _____
2. FIELD/ACTIVITY TRIP (SCHOOL RELATED USE) _____
3. SPECIAL EDUCATION USE _____
4. OTHER USE (specify) _____
- 15.** CONDITION OF ROAD AT TIME OF COLLISION (check all responses that apply)
- A. dry _____ B. wet _____ C. ice _____ D. muddy _____
- E. snow packed _____ F. holes or ruts _____ G. under repair _____
- H. other (specify) _____
- 16.** LIGHT CONDITION (check only one response)
- A. dawn _____ B. daylight _____ C. dusk _____
- D. dark, artificially illuminated _____ E. dark, not artificially illuminated _____
- 17.** WEATHER CONDITIONS (check only one response)
- A. clear _____ B. raining _____ C. fog _____
- D. snowing _____ E. sleeting _____ F. overcast/cloudy _____
- G. other (specify) _____
- Additional Comments / Additional Explanation _____
- _____
- _____
- _____

SECTION IV LOADING/UNLOADNG ZONE INCIDENTS

1. AT THE TIME OF INCIDENT, WHERE WAS THE BUS (check only one response)
 A. approaching loading zone _____ B. stopped in the loading zone _____
 C. leaving the loading zone _____ D. not in sight of loading zone _____
2. WAS THE PUPIL(S) ?
 A. hit by the bus _____ B. hit by an other vehicle _____ C. on the bus _____
 D. other _____
3. LOCATION OF INJURED PUPILS (enter appropriate number in each area)
 A. on side of road _____ B. in roadway _____ C. on sidewalk _____ D. on the bus _____
 E. other (specify)_____
4. NUMBER INJURED (Complete Part V of Injury / Fatality Tally Sheet for Students and School Personal)

SECTION V INJURY / FATALITY TALLY SHEET FOR STUDENT AND SCHOOL PERSONNEL

ON BOARD BUS						OFF BUS LOADING / UNLOADING ZONE				
	FATALITIES	SERIOUS	MODERATE	MINOR		FATALITIES	SERIOUS	MODERATE	MINOR	
AGE	M	F	ALL	ALL	ALL	M	F	ALL	ALL	ALL
UNDER 3										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
OVER 18										
DRIVER										
OTHER										
TOTALS										

REMARKS _____

REPORT SUBMITTED BY: _____

SIGNATURE _____ NAME (PRINT) _____

TRANSPORTATION DIRECTOR / DESIGNEE _____ DATE _____

SECTION VI

**This section is to be filled out for situations not covered by the
Kentucky Daily School Bus Incident Report**

For Example:

- **Student falls getting on/off bus and is injured**
- **Student slips on wet bus floor and is injured**
- **Driver is injured while breaking up a fight**
- **Any other scenarios**

Explanations: _____
